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Editorial

Editor's Perspectives – February 2013

Little has changed on the political front. We have a new President in the USA, the same as the last one, a new Prime Minister in Israel, probably the same as the last one, a new winner of the Australian Open Tennis Championship, same as the last one, and in Russia the President and Prime Minister just swap positions every few years.

Sadly the gloom and doom has also not changed with continued fiscal cliffs, double/treble dip recessions and an increasing number of countries in which wars are waging. Those of us living in peaceful, stable countries with food, clean water, good health care and education with democratically elected leaders are fortunate indeed, so we must keep in mind those less fortunate.

In surgery we must remember that for those of us practicing in centres that are well equipped and reasonably funded that there are many of our colleagues working in basic conditions and doing amazing work. Our Journal contains articles describing robotic surgery, advanced laparoscopic surgery, EVAR, MRI discovered incidentilomas, etc., but we also try to include work from emerging countries where this type of technology is not available, yet our colleagues provide good surgical care for their people.

I should like first to thank and congratulate a personal friend, Tim Williams, who is our Reviewer of the Month. He has been prolific in the number of papers he has reviewed and many authors should be very grateful to him for his superb advice on how to improve their papers both scientifically and grammatically.

Turning to the contents of this issue we include 5 reviews, 4 from the UK and one from Eire. Of our 11 research papers the Far East is well represented with 3 from Japan and 1 from South Korea. From Europe Italy provides 3 papers, Sweden and the UK one each, and there are 2 from Turkey.

Our first review article addresses concomitant abdominal aortic aneurysm and gastrointestinal malignancy. When these conditions occur together and are asymptomatic what should be the priority of treatment? The other question posed by the authors was the role of EVAR. In their review of the medical literature they point out the challenge posed in the absence of high level of evidence and suggest that a multidisciplinary approach with the best available evidence and clinical judgment should be followed on an individual case basis. EVAR is definitely an advance leaving the abdomen untouched in the presence of a malignancy.

The next 3 reviews take the form of Best Evidence Topics. The first looks at the survival benefit from life-long follow up following treatment for differentiated thyroid cancer. For young patients <45 with Stage 1 disease, there is no proven survival benefit conferred benefit confirmed by long term follow-up following optimal initial

treatment. These patients can be safely discharged back to their primary care physicians after 5 years. The same is not true for the less common high risk patients. The next Best Evidence Topic addresses the use of enteral immunonutrition vs. standard enteral nutrition for patients undergoing oesophagogastric surgery. Currently there is not enough evidence to recommend routine immunonutrition in all patients undergoing this type of surgery. Whether one should suture the mesh or fix it with glue in open inguinal hernia repair has been looked at as a Best Evidence Topic and no differences were found save a shorter operating time when the mesh was fixed with glue. The authors point out there is a need for a longer follow-up. Our last review on the occurrence of delirium peri-operatively is a fascinating review of this series, pervasive problem which can present a huge challenge to all acute hospital staff and impose a significant burden on those affected. Delirium can be prevented, detected and treated. We should recognize those at risk and initiate appropriate screening, preventative and management strategies.

The first original research article comes from Japan and looks at the long term survivors with advanced biliary tract cancer. Patients with no more than 1 lymph node metastases were shown to be an important prognostic factor in 170 patients. They point out there is a need to develop a detection method for lymph node metastases so as to be able to select the correct treatment strategy. From Italy, the paper on laparoscopic adrenalectomy shows it can be a safe and effective approach in selected cases even for PCCs >6 cm though there may be an increased conversion rate and increased hypertensive crises with these larger tumours. Pre-operative adrenergic blockade may avoid the onset of major adverse cardiovascular complications. Also from Italy is a paper on cystic "feminine" pancreatic neoplasms in men. In 3 out of 9 men with HRRTs there was hormonal and/or sexual dysfunction but these are very small numbers.

We all know that stapled anastomoses are usually quicker to perform than those hand sewn. A few years ago there was anxiety expressed by American surgical residents that stapling techniques were being used in a high proportion of cases resulting in them not being taught or able to become proficient in hand suturing, which at times can be essential. Although it comes with a high anastomotic stenosis rate, Trans-Hiatal Oesophagectomy with a gastric pull up and a cervical anastomosis is a safe procedure and useful in the treatment of caustic oesophageal strictures in adults.

I enjoyed the article on non-functional adrenal lesions found on MRI: whose problem is it? The rate of unnecessary tumour resections for tumours <6 cm can be decreased by performing adrenal biopsies in selected cases or by short term follow up to prevent

the deficiencies of imaging techniques. Another article from Japan shows that minimally invasive long segmental fixation combined with direct decompression is a safe and efficient strategic approach to reduce pain and improve neurological function in patients with spinal metastases.

From Sweden we publish a paper concerning the variations in routines and practices in pre-operative care for day care surgery. A web-based questionnaire was sent to 100 hospitals with a response rate of 70%. Regimens for day surgical anaesthesia practice varied between centres even in the same country. The authors state there is a need for further research on how to achieve safe and cost effective Day Care Surgery. From South Korea a study on the use of ramosetron with or without dexamethasone in patients undergoing laparoscopic cholecystectomy showed that when dexamethasone was added this was more effective in reducing the need for analgesia.

Our penultimate paper is an excellent anatomical study which will prevent surgeons performing endoscopic sinus surgery from damaging the orbit. The last article on robotic gastric resection of large GISTs demonstrates this approach is feasible with negative resection margins. However, there were only 5 patients in their study.

Once again we have provided a wide range of articles on diverse topics, blending reviews, research and clinical studies from several different countries. I do hope our readers will find this issue as stimulating and informative as I have done.

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